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Attorney Docket
Number

C 2944 PCT/US

First Named
Inventor

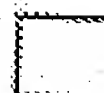
MUELLER, Heinz

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION



Declaration
Submitted
with Initial Filing

OR



Declaration
Submitted after
Initial Filing

COMPLETE IF KNOWN

Application Number

Filing Date

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, past office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

USE OF ETHOXYLATED AMIDOAMINES AS EMULSIFIERS IN DRILLING FLUIDS

the specification of which

(Title of the invention)



is attached hereto

OR



was filed on (MM/DD/YYYY)

10/14/2005

as United States Application Number or PCT International

Application Number

PCT/EP2005/011071

and was amended on (MM/DD/YYYY)

(if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code § 119(a)-(d) or 3565(a) of any foreign application(s) for patent or inventor's certificate, or § 388(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority		Certified Copy Attached?	
			Not Claimed	YES	NO	YES
102004051280.9	Germany	10/21/2004	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Additional foreign application numbers are listed on a supplemental priority sheet attached hereto.

I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.

Buflen Hour Statement: This form is estimated to take 4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Type a plus sign (+) inside this box: ☐

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DECLARATION

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I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
	PCT/EP2005/011071	10/14/2005	

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto.

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☒ First Name: OR ☐ List Attorney(s) and/or agent(s) name and registration number below:

Name	Registration Number	Name	Registration Number

☐ Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto.

Please direct all correspondence to: ☒ Customer Number or label: OR ☐ Fill in correspondence address below:

Name:
 Address:
 Address:
 City:
 Country: Telephone: State: Fax: Zip:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned inventor

Given Name	Heinz	Middle Initial		Family Name	MUELLER	Suffix, e.g., Jr.	
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Inventor's Signature: Date:

Residence: City: State: Country: Citizenship:

Post Office Address:

Post Office Address:

City: State: Zip: Country: Applicant Authority:

☒ Additional inventors are being named on supplemental sheet(s) attached hereto.

Type a plus sign (+) inside this box: ☐

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DECLARATION										ADDITIONAL INVENTOR(S) Supplemental Sheet													
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor													
Given Name		Jens				Middle Initial				Family Name		HARTMANN				Suffix e.g. Jr.							
Inventor's Signature												Date											
Residence City		Biddija				State				Country		Malta				Citizenship		German					
Post Office Address		Park Lodge Nr. 2, Biddija Road																					
Post Office Address																							
City		MST 13, Biddija				State				Zip				Country		Malta				Applicant Authority			
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor													
Given Name		Stephan				Middle Initial				Family Name		von TAPAVICZA				Suffix e.g. Jr.							
Inventor's Signature												Date											
Residence City		Erkrath				State				Country		Germany				Citizenship		German					
Post Office Address		Thomas-Mann-Strasse 12																					
Post Office Address																							
City		40699 Erkrath				State				Zip				Country		Germany				Applicant Authority			
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor													
Given Name		Diana				Middle Initial				Family Name		MAEKER				Suffix e.g. Jr.							
Inventor's Signature												Date											
Residence City		Monheim				State				Country		Germany				Citizenship		German					
Post Office Address		Brandenburgeralle 8A																					
Post Office Address																							
City		40789 Monheim				State				Zip				Country		Germany				Applicant Authority			
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor													
Given Name						Middle Initial				Family Name						Suffix e.g. Jr.							
Inventor's Signature												Date											
Residence City						State				Country						Citizenship							
Post Office Address																							
City						State				Zip				Country						Applicant Authority			
<input type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto																							